Testimony of Ingrid Gillespie Executive Director of Communities 4 Action and member of the Connecticut Prevention Network

*H.B. No. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR.

February 23 2017 Appropriations Subcommittee on Health Public Hearing Department of Mental Health & Addiction Services, Regional Action Council Funding

Senator Osten, Senator Formica, Representative Walker, Senator Gerratana, Senator Markley, Representative Dillon and members of the Appropriations Subcommittee, my name is Ingrid Gillespie and I am the Director of Communities 4 Action, a member of the Ct Prevention Network (CPN). I am here today to strongly oppose the grave cuts to regional action councils that will decimate the current prevention network structure. Any short-term savings that might be gained by the loss of the CPN are likely to be accompanied by substantially increased societal and monetary costs for years to come.

The CPN is made up of 13 Regional Action Councils covering 169 towns. Our main focus is to help build capacity to reduce substance abuse through planning, coordination, education and advocacy. These are services that are not widely visible but are nonetheless instrumental in strengthening prevention efforts.

Here is just one example. CPN played a crucial role in the development and implementation of the medication drop box program throughout the state. At CPN, different members take the lead in our state-wide initiatives. For this initiative, Communities 4 Action, as a member of CPN, took the lead to plan and coordinate this initiative. We invited Department of Consumer Protection (DCP), four police departments, and others to partner in a 9-month medication drop box pilot from January to September 2011. We spent 6 months researching medication drop boxes, how to secure them, costs, policies and procedures for any police department and community to easily get one. The policy and procedures included a simple process by which DCP could track new medication drop boxes and account for the amount collected each year.

For 3 months, we monitored the process and results of the 4 communities who piloted a drop box in their lobbies, making minor adjustments to the policies as we learned. In September 2011, DCP posted the policies and procedures on their website, noting CPN's role moving forward to assist any community who needs help to secure a drop box. This pilot provided the simple process that over 70 communities have since used to get a medication drop box and a system for tracking the amounts collected.

In a Feb 17th press release, Governor Malloy indicated that Connecticut "...saw a dramatic increase in the amount of unused prescription medications that residents dropped off at collection boxes during 2016, with the state collecting a total of 33,803 pounds worth of various medications throughout the year. That amounts to a 43 percent increase compared to the amount that residents dropped off in 2015, when 23,651 pounds of unused drugs were collected by the state." If this tracking process that was developed in the pilot had not existed, no one would be able to readily announce pounds collected annually and how many medication drop boxes existed.

This is just one of many examples of the importance of CPN's planning and coordination role behind the scene. Another example illustrates how the 13 Regional Action Councils work together to strengthen prevention. As you are undoubtedly aware, the nation is experiencing an opioid crisis, and CT is not immune. Although the drop box program can make a contribution towards addressing this crisis, more direct action is needed. The CPN is spearheading efforts related to addressing the crisis, such as mobilizing communities across the country to participate in Opioid Call To Action in which action plans

were developed. We accomplished this within 1-3 months, and I have attached a one page that briefly summarizes our work to address this crisis.

The fact that we were able to organize these regional forums so quickly was because we have an infrastructure that allows us to develop the many relationships that are so crucial to mobilizing people in a unified effort to address substance abuse and promote mental health.

I recognize that this is a very tight budget year and you, as members of the appropriations committee have tough decisions to make. However, I hope that this testimony has helped you see the value and return on investment through the work of the 13 Regional Action Councils that make up CPN; an organization that helps to build capacity at the local level, coordinates and plans at the regional level and through our effective communication and planning, can facilitate policies that impact state-wide change.

Thank you for your time,

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